

## The Principle of Normalization

Wolfensberger first rose to international prominence through his leadership in the movement to establish Normalization in North America and elsewhere, beginning in the late-1960s. He did not “invent” normalization but he, more than anyone else, explained and shepherded it into prominence as a major service paradigm, especially in North America. The original normalization concept pioneered by Niels Erik Bank-Mikkelsen as “letting the mentally retarded live as close to normal as possible” was established in Danish law in 1959 (Bank-Mikkelsen, 1980). It was later defined as the “normalization principle” by Bengt Nirje of Sweden (Nirje, 1969). Wolfensberger re-worked, systematized, sociologized, and generalized the concept beyond mental retardation to virtually all types of human services (Wolfensberger, 1972).

Wolfensberger’s *The principle of Normalization in human services* (1972) and his companion work, the service quality evaluation tool *Program Analysis of Service Systems*, or PASS (Wolfensberger & Glenn, 1975), together extensively explicate normalization in terms of its implications to service provision. In doing so, these publications contributed decisively to an international wave of service change away from segregating people from typical society, and putting them into large institutions with grossly abnormal living conditions (bad beyond what most “normal” people were able to even imagine), and toward supporting their integration into normative community settings and activities.

Normalization was taught as having two dimensions, one of interaction and one of interpretation. The most eye-opening was that of interpretation, because for the first time it pointed to how people with various kinds of handicapping or other devalued conditions were portrayed and imaged in the media, in society at large, by service names and logos, by where services were located and what they were next to. For instance, many services to mentally retarded people were located in the worst parts of town, next to a garbage dump or a cemetery, or far remote from where anyone else lived. And people who were devalued for one condition (such as mental impairment) would be served with and juxtaposed to those who were devalued for another (such as for being aged or poor). These types of juxtapositions hurt the image of the people at issue, yet image plays a big part in shaping attitudes towards a group of people, and in willingness to extend to them opportunities to participate in valued society. The interaction dimension emphasized the importance of high expectancies for people, of opening doors of opportunity and not unnecessarily segregating people especially from models of adaptive behavior.

The idea of normalization caught on like wildfire in the mid-1970s in the field of mental retardation, and then spread to other fields. Handicapped people began to

live in small houses and apartments in the community, they began to attend school with non-handicapped pupils and to go to work, they followed ordinary schedules and routines, and started to enjoy many of the rights and privileges of their non-impaired age peers. In many locales, institutions were considerably reduced in size, and in some places they were closed altogether. Even where they were not, their conditions were often greatly improved. However, while the term normalization was widely embraced, the complexities of the principle were not always understood or implemented. This led to many of what Dr. Wolfensberger termed “perversions” of normalization, such as abandoning impaired people to fend for themselves in society without any supports. Thus, his teaching from the mid-1970s on also tried to combat these misunderstandings, and to continually refine the definition and the teaching of normalization so as to make the perversions less likely. (Susan Thomas, April 2017)

In addition to publishing, Wolfensberger also established a teaching culture to systematically disseminate the principle of normalization, mainly through the medium of PASS, to aspiring change agents, human service workers, family members, and community leaders, via intensive lengthy training workshops given throughout North America and, to a lesser extent, Europe and Australasia. Wolfensberger’s highly articulated version of normalization became a foundation for service training, practice, policy, and legislation, particularly in North America and Great Britain, where normalization thinking fueled fundamental changes in patterns of service provision, though often normalization was not explicitly attributed as the source of such changes (Kendrick, 1999; Race, 1999).

Susan Thomas & Joe Osburn

October 2018

### References

Bank-Mikkelsen, N. E. (1980). Denmark. In R. J. Flynn, and K. Nitsch, (Eds.) *Normalization, social integration, and community services* (pp. 51-70). Baltimore: University Park Press.

Kendrick, M. (1999). The impact of Normalization and Social Role Valorization in the English-speaking world. In R. J. Flynn, & R. Lemay (Eds.), *A quarter-century of normalization and Social Role Valorization: Evolution and impact*. (pp. 425-426). Ottawa: University of Ottawa Press.

Nirje, B. (1969). The normalization principle and its human management implication. In Kugel, R. and Wolfensberger, W. (Eds.). *Changing patterns in residential services for the mentally retarded*. (pp. 179-195). Washington, D.C.: Presi

dent's Committee on Mental Retardation, 1969.

Race, D. (1999). *Social Role Valorization and the English experience*. London: Whiting & Birch Ltd.

Susan Thomas (April 2017). [https://wolfwolfensberger.com/life-s-work/normalization\](https://wolfwolfensberger.com/life-s-work/normalization/)

Wolfensberger, W. (1972). *The principle of normalization in human services*. Toronto: National Institute on Mental Retardation.

Wolfensberger, W., & Glenn, L. (1975, reprinted 1978). *Program Analysis of Service Systems (PASS): A method for the quantitative evaluation of human services: (3rd ed.) Handbook. Field Manual*. Toronto: National Institute on Mental Retardation.